

● PRINTER RUSH ●

(PTO ASSISTANCE)

Application : <u>10/005481</u>	Examiner : <u>Thangavelu</u>	GAU : <u>2123</u>
From : <u>PAP</u>	Location : <u>IDC</u> FMF FDC	Date : <u>12/29/05</u>
Tracking # : <u>EPM 10/005481</u>		Week Date : <u>12/19/05</u>

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> ELM	<u>12/19/05</u>	<input type="checkbox"/> Document Legibility
<input checked="" type="checkbox"/> IIFW	<u>12/19/05</u>	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: Original claim 16 depends on cancelled original claim 15. Please advise.

Thank you.

[XRUSH] RESPONSE: _____

INITIALS:

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.

REV 10/04